

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-861 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sedonia Lord

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester County, Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } # 1605 Eastern Av

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, July 2nd 1887

{ Undertaker, Michael Funk } John H. Rehberger M. D. Medical Attendant.

{ Place of Business, 1403 Benk St } Address, #1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 862

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 2nd
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip A. Mailey
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 5 Years, 2 Months, 2 Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Balti
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti
Duration of Residence in the City of Baltimore, U
Place of Death, { Give Street and Number. } 1245 William St
Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Cerebral Effusion
Duration of Last Sickness, 3 days
All the above information should be furnished by the Physician.
Place of Burial, H. Alfson
Date of Burial, July 4
{ Undertaker, B. Mailey } J. C. Beach M. D.
Medical Attendant.
{ Place of Business, 115 West St } Address, 511 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

863

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 2/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annunt Schwartz

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

74

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Shoemaker

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

{ Give Street and Number. }

120 S. E. St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Over Age

Intemperance 34 years

Duration of Last Sickness,

1 WEEK

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus C.

Date of Burial,

July 4

Undertaker,

B. H. Hark

Place of Business,

115 West St

Address,

602 S. Race, St

M. D.

Medical Attendant.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 864 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 2nd

Full Name of Deceased, Isidore Gertrude Choney
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, B. City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 6

Place of Death, 1578 Bird St
{ Give Street and Number. }

Cause of Death, Infection
{ First (Primary), Second (Immediate), } Cholera Infant.

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Bedar Hill Cemetery

Date of Burial, July 4 1887

Undertaker, Bernard Harle Robt Peller M. D.

Place of Business, 115 West St. Address, 825 Lytle
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 865 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Kreitzer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 67 Years, 2 Months, ✓ Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 47 years

Place of Death, { Give Street and Number. } 1118 William St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Valvular Dis of Heart

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Pleasant

Date of Burial, July 4

Undertaker, B. Hall R. J. N. Tall, M. D.

Medical Attendant.

Place of Business, 115 West St Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 866 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 87-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Storpius

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 14 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Infant Asylum

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Ex

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, new bath building

Date of Burial, July 3. 1887

{ Undertaker, John Barron

F. J. Flannery

M. D.

Medical Attendant.

{ Place of Business, Division 4 Address, 1701 Dr. Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 867 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Candida

*Sex, ~~Male or Female~~, {Cross out the word not
required in this line. }*

Age, Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not
required in this line.

Occupation, _____

Birth Place, { State or country, and how
long in the United States,
if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give Street and } *St. Vincent's Inf. Asylum*
Number.

Cause of Death, { First (Primary), *Chol. Infarction*
Second (Immediate), *Exhaustion*

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, New South Cemetery

Date of Burial, July 3, 1887

(Undertaker, John Benson)

Place of Business, Division H

J. J. Flannery M. D.
 Medical Attendant.
 Address, 1701 Dr. Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 868

Office of Registrar of Vital Statistics.

Ward 12

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CERTIFICATE OF DEATH.

Date of Death, July 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Bush

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 / 1 Years, Months, Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Waitress

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give Street and Number. } 1217 Shields al.

Cause of Death, { First (Primary), Second (Immediate), } Gastritis
Septicemia
4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lansdown Cemetery

Date of Burial, July 4, 1887

Undertaker, Alex Hunsley F. B. Gardner M. D.

Place of Business, 561 Orchard St. Address, 424 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1869 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucinda Barbary

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 39 Years, _____ Months, _____ Days

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Richmond Va

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, { Give Street and Number. } 121 Park Ave

Cause of Death, { First (Primary), Second (Immediate), } Pleuritis
Oedema of Lungs

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn

Date of Burial, July 4 . 87

{ Undertaker, Reef Henry

{ Place of Business, 56 Orchard St Address, Park Ave & Madison St

Wm. F. Lockwood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 870

Office of Registrar of Vital Statistics.

Ward

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1. 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Rosa Parker

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

30

Years,

Months,

Days.

Color, ~~ed~~

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Laundress

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

{ Give Street and Number. }

506 Woodyear St

Cause of Death,

{ First (Primary),

Second (Immediate),

Pneumonia

Asthma

Duration of Last Sickness,

one month

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Borne

Date of Burial,

July 3rd 1887

{ Undertaker,

William Dungee

{ Place of Business,

150 East St

Address,

601 Franklin

G. M. Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]